

County: Waukesha
RIVER HILLS WEST HEALTH CARE CENTER
321 RIVERSIDE DRIVE

Facility ID: 7630

Page 1

PEWAUKEE 53072 Phone: (262) 691-2300
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 160
Total Licensed Bed Capacity (12/31/01): 233
Number of Residents on 12/31/01: 154

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 146

Corporation
Skilled
No
Yes
Yes
146

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years	29.2		
Supp. Home Care-Personal Care	No					More Than 4 Years	38.3		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.1		32.5		
Day Services	No	Mental Illness (Org./Psy)	16.2	65 - 74	11.7		-----		
Respite Care	No	Mental Illness (Other)	6.5	75 - 84	26.6		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.6	85 - 94	39.6	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	13.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.3		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes	Fractures	9.7		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	16.9	65 & Over	90.9	-----			
Transportation	No	Cerebrovascular	3.9		-----	RNs	6.7		
Referral Service	No	Diabetes	1.9	Sex	%	LPNs	9.0		
Other Services	No	Respiratory	9.1		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	32.5	Male	22.7	Aides, & Orderlies			
Mentally Ill	No		-----	Female	77.3				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	2	1.9	124	0	0.0	0	1	6.3	155	0	0.0	0	0	0.0	0	3	1.9
Skilled Care	10	100.0	244	93	87.7	105	18	100.0	105	15	93.8	155	0	0.0	0	4	100.0	270	140	90.9
Intermediate	---	---	---	11	10.4	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	7.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		106	100.0		18	100.0		16	100.0		0	0.0		4	100.0		154	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	10.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	3.8	Bathing	10.4	51.9	37.7	154
Other Nursing Homes	4.8	Dressing	18.2	57.8	24.0	154
Acute Care Hospitals	76.9	Transferring	34.4	52.6	13.0	154
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	27.3	55.8	16.9	154
Rehabilitation Hospitals	0.0	Eating	51.9	35.7	12.3	154
Other Locations	3.8	*****				
Total Number of Admissions	104	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.6	Receiving Respiratory Care	10.4	
Private Home/No Home Health	25.9	Occ/Freq. Incontinent of Bladder	64.9	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	3.7	Occ/Freq. Incontinent of Bowel	31.8	Receiving Suctioning	0.0	
Other Nursing Homes	5.6			Receiving Ostomy Care	1.9	
Acute Care Hospitals	9.3	Mobility		Receiving Tube Feeding	2.6	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.2	Receiving Mechanically Altered Diets	37.7	
Rehabilitation Hospitals	0.0					
Other Locations	3.7	Skin Care		Other Resident Characteristics		
Deaths	51.9	With Pressure Sores	2.6	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	108			Receiving Psychoactive Drugs	44.2	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	62.1	77.1	0.81	80.2	0.78	82.7	0.75	84.6	0.73
Current Residents from In-County	66.9	82.7	0.81	83.3	0.80	85.3	0.78	77.0	0.87
Admissions from In-County, Still Residing	33.7	19.1	1.76	27.4	1.23	21.2	1.59	20.8	1.62
Admissions/Average Daily Census	71.2	173.2	0.41	94.3	0.76	148.4	0.48	128.9	0.55
Discharges/Average Daily Census	74.0	173.8	0.43	98.8	0.75	150.4	0.49	130.0	0.57
Discharges To Private Residence/Average Daily Census	21.9	71.5	0.31	31.6	0.69	58.0	0.38	52.8	0.42
Residents Receiving Skilled Care	92.9	92.8	1.00	89.7	1.04	91.7	1.01	85.3	1.09
Residents Aged 65 and Older	90.9	86.6	1.05	90.1	1.01	91.6	0.99	87.5	1.04
Title 19 (Medicaid) Funded Residents	68.8	71.1	0.97	71.6	0.96	64.4	1.07	68.7	1.00
Private Pay Funded Residents	10.4	13.9	0.75	19.1	0.54	23.8	0.44	22.0	0.47
Developmentally Disabled Residents	0.0	1.3	0.00	0.8	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	22.7	32.5	0.70	35.4	0.64	32.2	0.71	33.8	0.67
General Medical Service Residents	32.5	20.2	1.60	20.3	1.60	23.2	1.40	19.4	1.67
Impaired ADL (Mean)	46.4	52.6	0.88	51.8	0.90	51.3	0.90	49.3	0.94
Psychological Problems	44.2	48.8	0.91	47.7	0.93	50.5	0.87	51.9	0.85
Nursing Care Required (Mean)	6.9	7.3	0.94	7.3	0.94	7.2	0.96	7.3	0.94